

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION FOR GUARDIANSHIP OF A MINOR

File Number(s): _____

Petition Number: _____

PETITIONER

Name	Date of Birth	
Street Address		
Apt. No. or Box No.		
City	State	Zip Code
Home Phone No.		
Work Phone No.		
Relation to Child(ren)		
Attorney Name (if any)		
Street Address		
Suite or Box No.		
City	State	Zip Code

2nd PETITIONER (if any)

Name	Date of Birth	
Street Address		
Apt. No. or Box No.		
City	State	Zip Code
Home Phone No.		
Work Phone No.		
Relation to Child(ren)		
Attorney Name (if any)		
Street Address		
Suite or Box No.		
City	State	Zip Code

RESPONDENT

Name	Date of Birth	
Street Address		
Apt. No. or Box No.		
City	State	Zip Code
Home Phone No.		
Work Phone No.		
Relation to Child(ren)		
Attorney Name (if any)		
Street Address		
Suite or Box No.		
City	State	Zip Code

2nd RESPONDENT (if any)

Name	Date of Birth	
Street Address		
Apt. No. or Box No.		
City	State	Zip Code
Home Phone No.		
Work Phone No.		
Relation to Child(ren)		
Attorney Name (if any)		
Street Address		
Suite or Box No.		
City	State	Zip Code

Guardian ad Litem, if any: Name

Address: Street Address
City State Zip Code

Attorney for Guardian ad Litem, if any: Name

Address of Attorney for Guardian ad Litem: Street Address
City State Zip Code

IN THE INTEREST OF THE FOLLOWING CHILD(REN): (Complete the table below for each child for which petitioner wants guardianship. Attach additional sheets if necessary.)

Child's Name	Child's Date of Birth	Child's Place of Birth (City, State)	Child's Gender (Check One)
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

1. Complete the table below regarding the child(ren)'s parents:

	Name	Address	Date of Birth	Social Security No.
MOTHER				
FATHER				

2. If you do not know the name/address of the child(ren)'s mother and/or father, write in the space provided below what you have done to try to locate him/her/them.

3. Name(s) of person(s) or organization **holding parental rights** to the child(ren): _____

Address of person(s) or organization: _____

4. Name(s) of the person(s) or organization **having the guardianship, care, control or custody** of the child(ren): _____

Address of person(s) or organization: _____

5. Name(s) of the person(s) **to whom guardianship shall be vested** if this Petition is granted: _____

Address of person(s) or organization if address is different from address of Petitioner(s): _____

6. Proposed guardian(s)' relationship to child(ren) if proposed guardian is **NOT** the Petitioner:

7. Please check all that apply:

☐ The following child(ren) is/are not yet 14 years of age or older:

_____ ; OR

☐ The child(ren) is/are 14 years of age or older and consents to (agree with) this Petition (**Attach Affidavit of Consent executed by each child(ren) who consents**) Name(s) of child(ren) 14 years of age or older who consent(s):

☐ The child(ren) is/are 14 years of age or older does/do **NOT** consent to (agree with) this Petition. Name(s) of child(ren) 14 years of age or older who do **NOT** consent:

8. I am filing this petition because: (**Check ALL that apply**)

☐ The child(ren)'s parent(s) agree that I/we should become the guardian(s) of the child(ren) (**Attach an Affidavit of Consent executed by the parent(s) who agree**).

☐ I am a stepparent of the child(ren) and the legal parent having custody or primary placement for the child(ren) has become disabled. The child(ren) have been living with me immediately before the legal parent having custody or primary placement has become disabled.

☐ The child(ren)'s parent(s) are deceased. (**Attach a certified copy of the death certificate**)

☐ The child(ren) is/are dependant and/or neglected based on the following reason(s): _____

WHEREFORE, Petitioner(s) seek appointment as Guardian(s) of the above-named minor child(ren).

Petitioner/Petitioner(s)' Attorney

Date: _____

SWORN TO AND SUBSCRIBED before me
this date, _____

Notary Public or Clerk of Court

Petitioner 2, if any

Date: _____

SWORN TO AND SUBSCRIBED before me
this date, _____

Notary Public or Clerk of Court